

Newcastle Doctorate in Clinical Psychology Research Conference Friday 19th May 2023

*NOTE: All in-person sessions are in the Herschel Building

Time	Session	Location*	Link to live broadcast (slides & audio only)
09:30 – 09:45	Introduction & Welcome	Lecture theatre 1	https://tinyurl.com/dclinpsy2023morning
09:45 – 11:10	Continuing Professional Development Workshops:		
	<i>Professor Mark Freeston</i> 'How to Read a Meta-Analysis'	Lecture theatre 1	https://tinyurl.com/dclinpsy2023morning
	<i>Dr Ellen Marshall & Dr Rowan Tinlin</i> 'Involving Service Users in Research'	Teaching room 4 (4 th floor)	https://tinyurl.com/dclinpsy2023cpd2
	<i>Dr Lucy Robinson</i> 'Simple statistics without SPSS'	Learning lab (1 st floor)	https://tinyurl.com/dclinpsy2023cpd3
11:10 - 11:30	Break	-	-
11:30 - 12:30	KEYNOTE: Professor Rory O'Connor "When it is darkest: Making sense of suicide risk"	Lecture theatre 1	https://tinyurl.com/dclinpsy2023morning
12:30 - 13:30	Lunch	-	-
13:30 - 14:30	Trainee presentations in 3 streams (click here for schedule)		
	Stream 1	Lecture theatre 1	https://tinyurl.com/dclinpsy2023stream1
	Stream 2	Lecture theatre 2	https://tinyurl.com/dclinpsy2023stream2
	Stream 3	Lecture theatre 3	https://tinyurl.com/dclinpsy2023stream3
14:30 - 14:45	Break	-	-
14:45 - 15:45	Trainee presentations in 3 streams (click here for schedule)	As above	As above
15:45 - 16:00	Closing remarks	Lecture theatre 1	https://tinyurl.com/dclinpsy2023stream1

Stream 1 - Lecture Theatre 1, Herschel Building <https://tinyurl.com/dclinpsy2023stream1>

13:30-13:50 Louise Auld	Exploring Anxiety Experienced by Autistic Adults in Everyday Situations [abstract]	Professor Jacqui Rodgers & Dr Samuel Brice
13:50-14:10 Victoria Walker	Exploring suicidality, autistic traits, and camouflaging within women with anxiety [abstract]	Dr Fiona Gullon-Scott
14:10:14:30 Alexander Wilson	Social anxiety in autistic and non-autistic people [abstract]	Dr Fiona Gullon-Scott
14:30-14:45	BREAK	
14:45-15:05 Emma Welsh	Childhood adversity and cognitive functioning in individuals accessing mental health support from the NHS: A proof of concept study [abstract]	Dr Lynne Patience and Prof. Mark Freeston
15:05-15:25 Kerriane Devlin	Do Older Adults with Mild Cognitive Impairment (MCI) have experience of trauma? A Feasibility and Proof of Concept study [abstract]	Dr Laura Bell and Prof. Mark Freeston

Stream 2 – Lecture Theatre 2, Herschel Building <https://tinyurl.com/dclinpsy2023stream2>

13:30-13:50 Joanne Clarkin	Intergenerational differences in attitudes towards seeking professional psychological help: A systematic review with narrative synthesis [abstract]	Dr Lucy Robinson
13:50-14:10 Yinka Oladokun	Intolerance of Uncertainty, Adjustment Disorder and Post-traumatic Stress Symptoms: A Serial Mediation Model [abstract]	Prof. Mark Freeston and Dr Kevin Meares
14:10:14:30 Danielle Hall	Exploring Playfulness, IU, Anxiety and Interoceptive Awareness: Pilot Data and Network Analysis [abstract]	Prof. Mark Freeston and Dr Jessi Komes
14:30-14:45	BREAK	
14:45-15:05 Manon Lewis	“What if I get it wrong?” Anticipated regret in Generalised Anxiety Disorder [abstract]	Prof. Mark Freeston and Dr Richard Thwaites
15:05-15:25 Lin Stevenson	Assessing Interpersonal Attachment in Hoarding Disorder: A Scoping Review of Existing Measures [abstract]	Dr Claire Lomax and Dr Rowan Tinlin
15:25-15:45 Rachel Lisle	Understanding experiences of uncertainty whilst training on the Doctorate in Clinical Psychology in the UK [abstract]	Prof. Mark Freeston and Dr Sarah Thwaites

Stream 3 – Lecture Theatre 3, Herschel Building <https://tinyurl.com/dclinpsy2023stream3>

13:30-13:50 Jacqueline Wu	"Is this the bond I'm looking for?" A qualitative study exploring the factors that influence the therapeutic alliance in LGBTQ+ adults in the U.K. [abstract]	Dr Rowan Tinlin
13:50-14:10 Pilar Falcon-Legaz	"Can we talk about this?" Making space for sexuality in therapy. A qualitative study of the experience of LGBTQ+ people [abstract]	Dr Rowan Tinlin
14:10-14:30 Rawan Al Mujaini	The Psychological Effects of Covid-19-Induced Olfactory Dysfunction: A Scoping Review of the Literature [abstract]	Dr Caroline Allen & Dr Emma Joyes
14:30-14:45	BREAK	
14:45-15:05 Leanne Caie	An evaluation of the feasibility and acceptability of a smell training protocol for individuals with olfactory dysfunction [abstract]	Dr Caroline Allen
15:05-15:25 Denika Campbell-Lee	Identifying higher-order CBT skills: Is there a difference between experienced and trainee therapists regarding meta-competence? [abstract]	Dr Stephen Barton and Mr Peter Armstrong

Stream 1 - Abstracts

Louise Auld (*Professor Jacqui Rodgers & Dr Samuel Brice*)

Exploring Anxiety Experienced by Autistic Adults in Everyday Situations

Mental health conditions, such as anxiety, have been found to be highly prevalent in autistic people and can negatively impact their quality of life. Evidence suggests that anxiety may present differently in autistic people and there may be distinct underlying factors compared to neurotypical people. This would suggest that assessments and interventions for anxiety which do not take these differences into account may not be as effective for autistic people. A greater understanding of the factors which contribute to anxiety in autism is, therefore, needed. Previous research has indicated possible relationships between various factors and anxiety in autism. This study aimed to further previous findings, exploring factors contributing to anxiety experienced by autistic adults in everyday situations. This was achieved using thematic analysis of 67 vignettes describing everyday, anxiety-provoking situations identified by 34 autistic adults (mean age=36 years). Results showed that there is not always one clear factor contributing to anxiety experienced by autistic people and interventions may need to target more than one factor to be effective. Fear of negative evaluation (FNE) and intolerance of uncertainty (IU) were found to be the most common factors contributing to the participants' anxiety, however, results suggested that a specific interaction between FNE and IU plays an important role in anxiety in autism. A thorough individualised assessment and formulation of someone's individual anxiety presentation is needed to establish the key factors underlying their anxiety to identify an appropriate intervention tailored to their specific needs.

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Victoria Walker (*Dr Fiona Gullon-Scott*)

Exploring suicidality, autistic traits, and camouflaging within women with anxiety

Objectives: The Interpersonal Theory of Suicide (IPTS) has been established as a model to understand suicidality, and researchers have suggested that this model could be amended to include camouflaging. As women with mental health difficulties are often diagnosed with anxiety, the current project aimed to explore the IPTS as well as autistic traits and camouflaging within this sample.

Methods: Phase 1 consisted of a survey where participants gave demographic information, and completed measures on anxiety, depression, social phobia, autistic traits, camouflaging and IPTS constructs. These were then analysed in a hierarchical regression. In the second phase, participants who opted-in were interviewed to discuss their experience of the constructs measured, utilising reflexive thematic analysis.

Results: Phase 1: 148 women with anxiety demonstrated elevated autistic traits and camouflaging. There was elevated levels of thwarted belonging, with most participants scoring above case-ness for anxiety and depression. In the model, autistic traits and depression demonstrated the strongest influence.

Phase 2: Interviewees embraced the language of camouflaging as a way of understanding themselves better. Participants reflected that professionals asking about suicide often do so bluntly and for people that camouflage, a gentler approach which feels more personal would be helpful.

Conclusions: Camouflaging did not impact the model as hypothesised, although was raised as an important consideration for practice by interviewees. As the potential first research in this area to use mixed-methods, it is recommended for future research to consider this approach to gain more understanding of the lived experience of constructs measured in quantitative studies.

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Alex Wilson (*Dr Fiona Gullon-Scott*)

Social anxiety in autistic and non-autistic people

The Clark and Wells (1995) model is a highly influential, well-validated model of social anxiety. The National Institute of Health and Care Excellence (NICE) recommends cognitive behaviour therapy based on the model as a first-line option for individuals seeking treatment for social anxiety. However, the research evidence for this model only extends to neurotypical people. Autistic people frequently report high social anxiety, but it is unclear how appropriate the model is for this population.

The present research addressed this question using mixed methods analysis of an online survey completed by over 300 autistic and non-autistic adults. Across several analyses, we found that the Clark and Wells model is relevant in autism but only tells part of the story. Autistic people experienced greater social fears than expected based on Clark and Wells variables, and safety behaviours were less predictive of social fears in autistic people. In addition, when examining participants' free responses, there was evidence for a "distinct" model of social anxiety in autistic adults. This suggested that multiple factors relating to neurodiversity and environmental/systemic barriers can make social situations inaccessible for autistic people, with significant impact in terms of distress in social situations. Therefore, anxiety can have a different source for autistic people.

As the Clark and Wells model does not fit fully for autistic people, therapy based on conventional models of social anxiety may not be optimal in autism. This research would support further work developing adapted therapy for social anxiety in autistic people.

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Emma Welsh (Dr Lynne Patience and Prof. Mark Freeston)

Childhood adversity and cognitive functioning in individuals accessing mental health support from the NHS: A proof of concept study

A growing body of research within the past two decades has indicated a correlation between childhood experiences (ACEs) and cognitive functioning. Much of this research has been conducted with non-clinical samples or with diagnostically specific clinical samples (e.g., individuals with PTSD, bipolar disorder or schizotypal personality disorder). A more recent paper in this field (Letkiewicz et al., 2021) suggested future research consider the clinical relevance of identifying cognitive challenges in adults with a history of adversity in childhood. This paper intends to build on this call to clinical relevance by considering a feasible and acceptable way to identify this cohort of individuals currently accessing mental health support through an NHS Foundation Trust. The research seeks to address the following research questions: 1. Is it feasible and acceptable to use preliminary screening measures to identify the history of adversity and cognitive needs of mental health service users; and 2. Do participants who have experienced childhood adversity perceive they have had cognitive challenges? It plans to recruit 20-30 working age participants who are currently accessing mental health support in CNTW. Participants will complete a total of 4 self-report questionnaires with the researcher (relating to cognitive difficulties and experiences of adversity in childhood) before then being consulted on the acceptability of the research project as a whole and the specific tools utilized. Recruitment data will also be collected to help address feasibility questions.

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Kerianne Devlin (Dr Laura Bell and Prof. Mark Freeston)

Do Older Adults with Mild Cognitive Impairment (MCI) have experience of trauma? A Feasibility and Proof of Concept study

Background: A growing body of research has supported a link between the experience of trauma and cognitive impairment. Anecdotally this has been observed in older adults with Mild Cognitive Impairment (MCI), however the needs of this population and the extent to which they experience trauma in their lifetime remains unclear.

Aims: To explore the feasibility and acceptability of obtaining a lifetime trauma history from older adults with MCI, while systematically describing the clinical characteristics and trauma profile of this subgroup.

Method: 20 older adults who have received a diagnosis of MCI are being recruited from the Northumberland Memory Service (CNTW). Participants all have clinical information detailing cognitive functioning across several domains and a measure of anxiety and depression. They are asked to complete measures of emotion regulation, PTSD, lifetime trauma exposure and daily functioning. They are then asked to participate in a semi structured interview about their experience of being asked about areas not normally assessed as part of a routine memory assessment.

Current Progress: Recruitment is ongoing.

Planned analysis: A consort statement will be used to report feasibility on the number of older people who are approached versus the number of people who consent and agree to participate. Survey data will be presented within a quantitative framework using a descriptive approach. Qualitative content will be manually analysed, inductively coded, and arranged into themes using informal content analysis.

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Stream 2 - Abstracts

Joanne Clarkin (*Dr Lucy Robinson*)

Intergenerational differences in attitudes towards seeking professional psychological help: A systematic review with narrative synthesis

Literature suggests that there is a substantial treatment gap, defined as the discrepancy between the number of individuals diagnosed with mental health disorders and the number of individuals receiving treatment. Researchers have proposed that this treatment gap is not a reflection of an absence of services or effective treatments, but rather a reflection of service underutilisation. Several factors, including attitudes towards help-seeking, are thought to influence service use. Research has found that attitudes towards help-seeking have changed over time which could suggest that individuals of different ages hold different attitudes.

The current review sought to investigate intergenerational differences in attitudes towards professional help-seeking for mental health difficulties. The review looked to answer the following questions:

1. Does the literature suggest that there are intergenerational differences in attitudes towards professional help-seeking?
2. Are there differences between the studies that find an intergenerational difference and those that do not with regards to study characteristics and quality?

This presentation will provide an overview of the background literature, the process of conducting the review, and the findings of the narrative synthesis that has been completed thus far. Methodological challenges and the potential clinical implications of the findings of this review will be considered.

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Yinka Oladokun (*Prof. Mark Freeston and Dr Kevin Meares*)

Intolerance of Uncertainty, Adjustment Disorder and Post-traumatic Stress Symptoms: A Serial Mediation Model

Background: It is well established that there is a robust, moderate association between Intolerance of Uncertainty (IU) and Post-Traumatic Stress Symptoms (PTSS). However, the mechanisms that underlie this relationship remain largely unexplored. To investigate this, the present study developed and piloted a novel measure (the Reactions to Upsetting Experiences Scale; RUES) that explores uncertainty distress in the context of disruptive life experiences. It was hypothesised that adjustment disorder and uncertainty distress would mediate the IU-PTSS relationship, following a stressful life event.

Method: This cross-sectional study included current and retrospective assessments of IU. The main analyses included 436 participants (age range: 19-67 years). An exploratory factor analysis was conducted to investigate the factor structure of the RUES. The present study tested a conceptually driven hypothetical causal chain, considering adjustment disorder and uncertainty distress (as measured

by the RUES) as mediators of the IU-PTSD relationship, while controlling for age, gender, and anxiety sensitivity.

Results: Findings showed an association between IU and PTSS. The mediation analyses show IU predicts PTSS via adjustment disorder and uncertainty distress (as measured by the RUES). A priming effect was also uncovered; asking participants to consider their experiences of stressful life events, prior to completing other measures, primed them to answer with elevated scores on IU and other measures.

Conclusions: The results make several contributions to understanding the processes underlying the IU-PTSD relationship and provide further evidence of a continuum of symptomatology between adjustment disorder and PTSD. Clinical implications and promising directions for future research and theory are discussed.

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Danielle Hall (*Prof. Mark Freeston and Dr Jessi Komes*)

Exploring Playfulness, IU, Anxiety and Interoceptive Awareness: Pilot Data and Network Analysis

Background: This presentation is part of the Beyond Tolerating Uncertainty (BTU) project further developing the Making Friends with Uncertainty (MFWU) intervention for Intolerance of Uncertainty (IU). A curiosity about the role of playfulness in MFWU arose from clinical observations when aiming to facilitate experiences of uncertainty live in sessions in a way which elicits the felt sense in a context safe enough to notice and engage with. This presentation will present initial ideas within this project about understanding and measuring playfulness in adults.

Aims: In this project, we suggest an exploratory hypothesis that lower levels of playfulness will correlate with heightened levels of IU and Anxiety. Measures of playfulness have been piloted in undergraduate projects ahead of treatment development phases, and analysis of pilot data aims to explore potential relationships between playfulness and IU, anxiety, and Interoceptive Awareness.

Method: The pilot data has been analysed using network analysis among a general population sample (N=422). Measures of each of the constructs were administered, including a trait playfulness scale and a measure which assesses aspects of fun-seeking motivation.

Results: There were 35 non-zero edges, and indices indicated that the network was robust. Overall, unsafety has the greatest expected influence and due to its links to the other groups of variables, has an important role.

Conclusions: Findings and implications for treatment development will be discussed, including the impact of decreasing unsafety and the potential role of playfulness in reducing unsafety and treatment development. Further replication of this network is needed.

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Manon Lewis (*Prof. Mark Freeston and Dr Richard Thwaites*)

“What if I get it wrong?” Anticipated regret in Generalised Anxiety Disorder

Existing Cognitive Behavioural Therapy (CBT) treatment for Generalised Anxiety Disorder (GAD) targeting the underlying mechanisms of the disorder, such as intolerance of uncertainty (IU), leads to recovery in 54-80% of cases. Clinical observations suggest that at least a proportion of people with GAD are concerned about the possible implications of their decisions and behaviours and the fact that they may regret these. Research has shown 70% of non-clinical participants anticipated experiencing regret before making everyday decisions, while anxious individuals making decisions about uncertain situations overemphasised anticipated regret and underemphasised anticipated rejoicing compared to controls. Anticipated regret has further been linked to risk and loss aversion in anxiety.

Preliminary evidence suggests that anticipated regret may be an additional mechanism underlying GAD. The key question leading from this line of reasoning is whether anticipated regret is salient in GAD and whether it acts alongside or potentiates difficulties with uncertainty. This study aims to explore, quantify and describe the presence of anticipated regret in people suffering from high levels of IU and GAD in order to further understand the role anticipated regret may be playing in GAD.

Two main hypotheses have been tested in the pilot stage of the study. The first, a replication hypothesis, that “Individuals with high levels of intolerance of uncertainty are more likely to experience anticipated regret”. The second, an extension hypothesis, that “Individuals who experience high levels of anticipated regret favour loss avoidance over gain maximisation”.

The results from the pilot study will be presented.

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Lin Stevenson (*Dr Claire Lomax and Dr Rowan Tinlin*)

Assessing Interpersonal Attachment in Hoarding Disorder: A Scoping Review of Existing Measures

Background: There is emerging evidence which suggests a link between the development of hoarding behaviours and the Interpersonal Attachment (IA) relationships we form in childhood. However, there is some confusion within the literature regarding the term ‘attachment’ and there is limited information about the tools used to measure IA within this population, particularly selection rationale and prevalence of use. This presentation will outline a scoping review conducted to explore the breadth of different measures used within the hoarding literature, identify any preferential measures in the field and discuss the appropriateness of different measures used to assess IA for this population.

Method: An electronic search of PsycINFO, Scopus, Medline and Web of Science along with grey literature was conducted. Studies were eligible for inclusion if they contained a measure of IA, and hoarding symptoms.

Results: 21 papers met inclusion criteria and 10 IA measures were identified. The most frequently used IA measure was a dimensional self-report measure, the Experiences in Close Relationships (ECR

Brennan, Clark & Shaver, 1998) questionnaire, specifically it's modern variant the Experiences in Close Relationships-Relationship Structures (ECR-RS; Fraley, Heffernan, Vicary, & Brumbaugh, 2011). Overall, findings from the studies identified are mixed, IA measures were varied, and replication was low.

Conclusions: The findings highlighted the variability of measures used within the literature and the results concluded. There is a need for further exploration of IA in a HD population with more consistent measurement and replication.

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Rachel Lisle (*Prof. Mark Freeston and Dr Sarah Thwaites*)

Understanding experiences of uncertainty whilst training on the Doctorate in Clinical Psychology in the UK

Uncertainty can be experienced by Trainee Clinical Psychologists (Trainees) throughout the Doctorate in Clinical Psychology training experience. Trainees must continuously navigate through multiple unknowns across the clinical, academic and research components of the course, in addition to potentially relocating for the course and contending with uncertainty in their personal lives too. Previous research has considered the impact of intolerance of uncertainty on medical trainees' wellbeing and clinical practice. We don't currently know a great deal about how trainees experience or respond to uncertainty during training. As a result, we have limited understanding of the impact uncertainty may have on trainees' wellbeing and their experience of completing the course more generally. This study aims to explore experiences of training from trainees' perspectives and hopes to identify what factors influence trainees' experiences and responses to uncertainty. We hope that any learning from this study will provide opportunities to influence doctoral programmes and promote the wellbeing of trainees. This presentation will cover the above aims, as well as an overview of the methodology used to develop and implement focus groups and online surveys. Initial stages of analysis looking at the sociodemographic factors that participants have identified as influencing their experiences of uncertainty during training, as well the next steps in analysis, will be shared.

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Stream 3 - Abstracts

Jacqueline Wu (*Dr Rowan Tinlin*)

"Is this the bond I'm looking for?" A qualitative study exploring the factors that influence the therapeutic alliance in LGBTQ+ adults in the U.K.

Aim: The aim of the current study is to examine the factors that influence the therapeutic alliance in order to identify ways in which therapists can foster a strong therapeutic relationship and provide a secure base for LGBTQ+ individuals to work through their difficulties.

Method: Adopting a critical realist approach, the study used qualitative methods to capture subjective lived experiences from twelve participants (aged 21-46) using semi-structured interviews. All participants identified as being LGBTQ+ adults who have had psychological interventions in the U.K. Using reflexive thematic analysis, patterns across the dataset was analysed related to the factors that influenced the therapeutic alliance for LGBTQ+ people who sought psychological therapy in the U.K.

Results: Five main themes were developed: (1) helping me like a professional, (2) our working relationship only works if we worked as a team, (3) I have a part to play in therapy, (4) have you worked with LGBTQ+ people before? And (5) the system needs to change. Results suggest that these themes interact with each other to influence the therapeutic alliance in LGBTQ+ participants in therapy.

Conclusion: Taken together, the 'bond' component of the therapeutic alliance was influenced by factors such as the extent of which therapists demonstrated traits of 'being human', core competencies skills, had an understanding of LGBTQ+ related issues and others. The bond component was essential for the development of 'task' and 'goal' components in the therapeutic alliance, which were affected by the level of collaboration between therapists and participants, and systemic issues within the wider system.

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Pilar Falcon-Legaz (*Dr Rowan Tinlin*)

"Can we talk about this?" Making space for sexuality in therapy. A qualitative study of the experience of LGBTQ+ people

Background: LGBTQ+ people are exposed to social stigma, abuse, and discrimination, which often translates into increased prevalence of mental health difficulties and need for support. Despite its relevance as a facet of identity, sexuality is generally ignored or pathologised in mental health services, which can result in more negative experiences of therapy for this community.

Aim: This social constructivist qualitative study aimed to explore and understand the experiences of LGBTQ+ individuals in therapy; specifically including sexuality as part of the therapeutic process.

Methods: Online semi-structured interviews were completed with 14 LGBTQ+ adults who had previously engaged in therapy in the UK. Reflexive Thematic Analysis was used to interpret the data once transcribed.

Results: A total of five themes and 16 subthemes were constructed to interpret patterns of shared meaning across the data. Themes illustrated the importance of the socio-historical context outside of therapy, individuals' fears and needs before engaging in therapy, the need for safety in the therapy room, how to navigate the process of including sexuality in the therapeutic process, and participants' negative experiences where they felt pathologised and misunderstood.

Conclusions: Results support the inclusion of sexuality in therapy as an important aspect of individuals' lives and identities. Affirmative practice that is sensitive to socio-historical context and creates a safe space and trusting therapeutic relationship was identified as most helpful. Follow-up research with other social groups within the LGBTQ+ community and using different methodology is recommended.

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Rawan Al Mujaini (*Dr Caroline Allen & Dr Emma Joyes*)

The Psychological Effects of Covid-19-Induced Olfactory Dysfunction: A Scoping Review of the Literature

Background: Olfactory dysfunction (OD) has been reported as one of the primary symptoms of Covid-19, potentially having effects on the mental health of those individuals with chronic presentations. A few studies have synthesised the effects of Long-Covid on mental health, however, there are no existing reviews compiling this data for Covid-related smell loss. This study aims to explore the effects of Covid-19 induced OD on psychological well-being and quality of life through a scoping synthesis of the literature.

Methods: A comprehensive electronic literature search of the Web of Science, PubMed and PsycINFO databases was conducted on literature published from 2020 to January 2023. Articles were eligible if their sample consisted of adults that experienced OD as a result of Covid-19 and included psychological or QoL outcome measures.

Results: The search strategy yielded a total of 521 articles, of which 32 met the inclusion criteria and were subsequently reviewed. The results found an initial association between Covid-induced OD and depression, anxiety and quality of life with varying severity and intensity of symptoms. The most frequently used measure of psychological well-being was the Patient Health Questionnaire in its different versions, and the Questionnaire of Olfactory Disorders -Negative Statement was the most frequently used measure of quality of life.

Conclusions: The findings highlight the variability and the lack of definition of an appropriate measure of psychological well-being in the OD literature. Limitations and potential research directions are discussed.

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Leanne Caie (*Dr Caroline Allen*)

An evaluation of the feasibility and acceptability of a smell training protocol for individuals with olfactory dysfunction

Introduction: Olfactory dysfunction is an impairment of the sense of smell (Love & Ahmed, 2010). Olfactory dysfunction impacts relationships, nutrition, and psychological wellbeing, amongst other things (Pieniak et al., 2022). Smell training is an effective treatment (Hura et al., 2020), and is mostly undertaken within a clinical setting, however this is a costly exercise. Thus, this study aimed to investigate the feasibility and acceptability of an at-home patient led smell training protocol.

Methods: A repeated measures between subject's design was used to evaluate the smell training protocol. Following instructions from AbScent's (a charity supporting individuals with olfactory dysfunction) website. One group practised smell training using 4 items from their home while a control group practised sudoku. Both groups completed their exercise daily for 12 weeks, completing questionnaires to gather information on their experiences at 4 stages (pre, 4 weeks, 8 weeks, and 12 weeks).

Results: Attrition rates of 73 percent for the smell training group and 56 percent for the control group were high but within the average range for longitudinal studies (Gustavson et al., 2012). Qualitative feedback highlighted that the smell training protocol was simple to follow, easy to do, and the odours for smelling were easily accessible. Individuals who continued the smell training noted improvement in olfaction and mood.

Conclusion: The smell training protocol is a feasible and acceptable protocol for those who continue with the training. However, this study highlights that more must be done to encourage engagement with training and make it more easily accessible.

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Denika Campbell-Lee (*Dr Stephen Barton and Mr Peter Armstrong*)

Identifying higher-order CBT skills: Is there a difference between experienced and trainee therapists regarding meta-competence?

This research focuses on the identification of Cognitive Behavioural Therapy (CBT) higher-order skills, also called meta-competencies (MCs). The project aimed to explore MCs through comparing therapists of different levels of experience, and in which clinical scenarios they are likely to be prioritised. MCs are desirable working with all cases, but perhaps more needed when cases are complex. A discussion of the comparisons made between trainee, recently qualified, and experienced CBT therapists on these tasks, with an aim to explore and identify MCs, which were hypothesised to be more developed in experienced therapists.

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